PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 NOV 10 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000004214

1. Corporation Name: Harbour Cove Village Homeowners Association, Inc.

CR2E081 (8/05)

2. Principal Office Address	**3.** Mailing Office Address
2404 Cochran Road	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Panama City Beach, FL	City & State
Zip: 32408 Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 6/22/2000

5. FEI Number: 52-2371166 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Jack G. Williams REINSTATEMENT 04-05

Street Address (P.O. Box Number is Not Acceptable): 502 Harmon Avenue

Suite, Apt. #, Etc.

T. Roberts NOV 14 2005

City: Panama City | State: FL | Zip Code: 32401

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ REGISTERED AGENT MUST SIGN Date 11/7/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Michael Pons	2404 Cochran Road	Panama City Beach, FL 32408
D	Dexter Gortemoller	924 Lighthouse Lagoon Ct.	Panama City Beach, FL 32407
STD	Debbie Davis	941 Lighthouse Lagoon Ct.	Panama City Beach, FL 32407
		800051341698 11/10/05--01034--021 **297.50	

10. *I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.*

SIGNATURE: _____ 11-7-05 850-814-8441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #